



# Medicaid Programs That Improve The Safety of Opioid Use

## Spotlight on Michigan

To minimize overdoses and other harm associated with the misuse of prescription drugs, public and private insurance plans use patient review and restriction (PRR) programs to encourage the safe use of opioids and other controlled substances. Through PRRs, insurers assign patients who are at risk for substance use disorder (SUD) to predesignated pharmacies and prescribers to obtain these drugs. This fact sheet presents key features of Michigan's Medicaid fee-for-service (FFS) PRR program that were acquired from a 2015 survey and literature review by The Pew Charitable Trusts. The nationwide survey of Medicaid PRR programs captured information on program characteristics, structures, and trends. Of the 41 states that responded (plus the District of Columbia and Puerto Rico), 38 operate an FFS PRR. For more information on state responses, visit [www.pewtrusts.org/PRRreport](http://www.pewtrusts.org/PRRreport).

### PRR program initiation

PRR programs have been in operation in Medicaid FFS programs in the United States since the early 1970s. Michigan's PRR program was launched in 1979.

### Designated provider structure for PRRs

PRRs require patients to receive controlled substance prescriptions and related care from designated pharmacies, prescribers, hospitals, and/or other providers, such as dentists or pain management specialists. Patients enrolled in Michigan's PRR are assigned to a designated pharmacy and prescriber. The chart below compares Michigan's PRR program design with that of other states.

	Assign patients to a pharmacy only	Assign patients to both a pharmacy and prescriber	Assign patients to a pharmacy, prescriber, and hospital
<b>Number of responding programs (%) n = 38</b>	13 (34%)	17 (45%)	8 (21%)
<b>Michigan's PRR</b>		✓	

## Criteria used to identify at-risk patients for PRR enrollment\*

Programs use specific, predetermined criteria to identify potentially at-risk beneficiaries for enrollment in a PRR. Michigan's specific criteria are checked below:

✓	<b>Filling a certain number of controlled substance prescriptions</b> More than five prescriptions for certain drug categories listed in the Medicaid Provider Manual in one quarter, including emergency prescriptions; aberrant utilization patterns for certain drug categories listed in the Medicaid Provider Manual over a one-year period.
	<b>Filling a certain number of other prescriptions</b>
✓	<b>Utilizing a certain number of pharmacies to obtain controlled substances</b> More than three pharmacies in one quarter.
✓	<b>Visiting a certain number of prescribers to obtain controlled substances</b> More than one physician in different practices to obtain duplicate prescriptions for certain drug categories listed in the Medicaid Provider Manual or to obtain duplicate or similar services for the same or similar health condition; multiple prescribers for certain drug categories listed in the Medicaid Provider Manual.
✓	<b>Visiting a certain number of emergency rooms</b> More than three emergency department visits in one quarter; repeated emergency department visits with no follow-up with a primary care provider or specialist when appropriate; repeated emergency department visits for nonemergent conditions; more than one outpatient hospital emergency department visit in one quarter.
	<b>Obtaining a certain number of controlled substances in the same therapeutic class</b>
	<b>Referral/recommendation</b>

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\* With the exception of referrals/recommendations, these criteria are based on use over a specified time period. These time periods may vary between criteria and are specified where known. When publicly available, specific numbers triggering potential identification as at-risk are provided for the listed criteria.



### Other

Suspicion or conviction of fraud for one or more of the following: selling or purchasing products and/or pharmaceuticals obtained through Medicaid; altering prescriptions to obtain medical services, products, or pharmaceuticals; stealing prescriptions and/or pads or impersonating a provider; using another individual's identity to obtain medical services, products, or pharmaceuticals; using Medicaid-covered services to obtain prescription drugs identified as subject to abuse and paying cash to obtain the drugs; other misutilization patterns that emerge or are identified by the department.

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## Patients automatically excluded from PRR enrollment

Some beneficiaries with pain that is difficult to manage are typically excluded from PRRs. Based on survey results from the District of Columbia and the 37 states with an FFS PRR, the most common reasons for automatic exclusion were that patients are:

- Receiving treatment for certain types of cancer (15 states).
- In long-term care (14 states).
- In hospice care (13 states).
- In skilled nursing facilities (10 states).

71%

Twenty-seven of the 37 states and DC automatically exclude at least one patient population from PRR enrollment to help ensure that these patients have access to effective pain management. Of these, 63% exclude more than one patient population.

29%

Eleven responding states do not automatically exclude patients, although they may choose to do so after performing a clinical review.

Michigan automatically excludes patients in hospice, long-term care, and skilled nursing facilities, and minors from PRR enrollment.

## Process for patient notification of PRR enrollment

Sixteen programs (46 percent of those responding\*), including Michigan's PRR, provide beneficiaries with less than 30 days' notice before PRR enrollment. Specifically, Michigan provides 10 days' notice. Fourteen states (40 percent) provide 30 days' notice, and five states (14 percent) provide beneficiaries with more than 30 days' notice before PRR enrollment.

## Process for patient appeal of PRR enrollment

Beneficiaries are not able to appeal their enrollment into Michigan's PRR; however, the state does allow beneficiaries to appeal their selection of designated providers. Beneficiaries may appeal within 90 days of notification of provider assignment.

All other PRR programs allow beneficiaries to appeal, and over 86 percent of Medicaid PRR programs† provide beneficiaries with 30 or more days from notification to appeal the decision. Five programs (almost 14 percent) provide beneficiaries with less than 30 days to appeal the decision.

## Selection of designated providers

Thirty-six programs (95 percent of responding programs), including Michigan's PRR, allow for beneficiary input when selecting providers. Specifically, Michigan allows beneficiaries to submit pharmacy and prescriber preferences.

## Drugs managed through the PRR

Forty-seven percent of FFS PRR programs, including Michigan's PRR, require patients to receive controlled substances in Drug Enforcement Administration Schedules II-V from designated providers. Alternatively, 45 percent of programs require patients to receive controlled as well as noncontrolled substances identified as frequently subject to misuse or diversion, such as those used to treat HIV, from designated providers. Eight percent of programs require patients to receive only a subset of controlled substance schedules from designated providers.

## Additional services offered to PRR enrollees

Forty-seven percent of responding states, including Michigan, offer additional services to PRR enrollees, such as general information on SUD, referrals for SUD treatment, referrals to pain specialists, and case management services. Specifically, Michigan provides information on the appropriate use of health care services, such as the emergency department, and the importance of using only one pharmacy and/or prescriber.

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\* These data represent 34 states and DC. This includes states with FFS PRR programs that either confirmed this information or make it publicly available.

† These data represent 36 states and DC. This includes states with FFS PRR programs that either confirmed this information or make it publicly available.

## PRR access to state prescription drug monitoring programs

Prescription drug monitoring programs (PDMPs) are state-run electronic databases that monitor dispensed prescriptions for controlled substances in 49 states and the District of Columbia. Michigan's Medicaid staff has access to the PDMP and uses it to monitor cash transactions and to identify at-risk beneficiaries. The chart below compares the Michigan FFS Medicaid program's access to the PDMP with that of other programs.

	No access to the PDMP	Access to the PDMP
<b>Number of responding programs (%) n = 38</b>	22 (58%)	16 (42%)
<b>Michigan's PRR</b>		✓

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